Form

1CNS

Composite Wisconsin Individual Income Tax Return for Nonresident Tax-Option (S) Corporation Shareholders

2010

	Due Date: April 18, 20	Date: April 18, 2011		Corporation Year Ending						
BIND	Complete form using	BLACK INK.	AMENDED TELUM	rear Ending	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$					
	Tax-Option (S) Corporation	•			Federal Employer ID Number					
APLE OR	Number and Street				Suite Number					
NOT STAPLE	City			State	Zip (+ 4 digit suffix if known)					
N 00										
	Person to Contact Regarding	g This Return		Telephone Number	Fax Number					
		of shareholders include lifying shareholders may tructions for details.								
	ENTER NEC	GATIVE NUMBERS LIKE 1	THIS → -1000 NOT LIKE THIS	S →(1000) <u>NC</u>	O COMMAS; NO CENTS					
	Schedule 1 Ta	x Computation								
	Wisconsin tax-option (S) corporation income (loss) of qualifying and participating									
	nonresident sha	areholders from Schedu	ıle 2, column D1		00.					
	2 Tax from Scheo	.00								
	3 Alternative min	.00.								
	4 Add lines 2 and									
	<u>5</u> Wisconsin tax v	.00								
	6 If line 5 is less	.00								
	7 If line 5 is more									
	This is the amo	.00								
		S, Wisconsin Form PW	r an extension of time to /-1, the federal Schedules h	(-1, or the Wisconsin ying schedules and statemen	Schedules 5K-1 to this ts, and declare that it is, to the					
		best of my knowledge and belief, a true, correct, and complete report of income under the provisions of Chapter 71 of the Wisconsin Statutes. I also declare that this tax-option corporation has a power of attorney or other written authorization from each qualifying and participating nonresident shareholder to file this composite return on the shareholder's behalf.								
	SIGNATURES	Signature of Authorized Officer	Title		Date					
		Individual or Firm Signature of P	reparer Preparer's Fe	deral Employer ID Number	Date					
	IF NOT FILING	Make check payable to a	and mail return to: Wisconsin PO Box 89	Department of Revenue	<u> </u>					

Madison WI 53708-8991

ELECTRONICALLY

Schedule 2 Nonresident Shareholders Qualifying and			l Participating	in Composite Return					
(A)	(B)	(C)	(D1) Shareholder's Share of WI Net Income (Loss)	(E) Federal Adjusted	(F) Filing Status	(G) Tax From	(H)	(I) Tax	(J) Balance
Name and Address of Nonresident Shareholder (and if Married Filing Jointly	Spouse Security	Rata Share (%)	(D2) Shareholder's Share of WI Gross Income (from Sch. 5K-1, line 19)	Gross Income From Form 1040	(S, H, MFJ, MFS)	Worksheet or 7.75% of (D1)	Alternative Minimum Tax	Withheld from Form PW-1	Due (Overpay- ment)
a.			D1 D2						
b.			D1 D2						
C.			D1 D2						
d.			D1 D2						
e.			D1 D2						
f.			D1 D2						
g.			D1 D2						
h.			D1 D2						
i.			D1 D2						
j.			D1 D2						
k.			D1 D2						
TOTALS (enter on appropriate line on Schedule 1)			D1 total only						